

Legislative Testimony
HB 5630 AAC The Establishment of Licensure For An Advanced
Practice Dental Hygiene Practitioner
Committee on Public Health
Monday, March 16, 2009
John P. Kelly, DMD, MD

My name is Dr. John Kelly. I am the full-time Chief of Oral and Maxillofacial Surgery and Director of the Residency Training Program in Oral and Maxillofacial Surgery at the Hospital of St. Raphael in New Haven. I am also the President of the Connecticut Society of Oral and Maxillofacial Surgeons (CSOMS.) Please accept this as my written testimony urging your rejection of House Bill 5630 AAC The Establishment of Licensure For An Advanced Practice Dental Hygiene Practitioner.

The Executive Committee of the CSOMS is particularly concerned by the absence of existing training programs or even proposed curricula which would support the expansion of duties proposed in this Bill, particularly in areas with which we are directly familiar.

For example, the Bill is predicated on the Competencies proposed by the American Dental Hygienists' Association which stipulate a 3 credit-hour course in pharmacology as apparently the only special training which would give the Advanced Dental Hygiene Practitioner (ADHP) prescribing competence, absurd in light of the training and experience required of all others with prescribing authority for the drugs and medications proposed.

The proposal in the bill to permit the use of general anesthetics is in complete contradistinction to the existing section of the Dental Practice Act (chapter 379 of the general statutes) which governs the administration of such agents in a dental office, demanding specific training credentials for the dentist and staff, specific emergency drugs and anesthetic equipment and demonstration of one's technique on live patients before peer reviewers; it is inconceivable that the language on this subject in the proposed bill would be allowed to stand from a public policy and public safety point of view.

The OMS specialty-related activity, namely the extraction of teeth, is carefully enumerated in the Competencies for the ADHP, but the curriculum

for attaining this competency is totally lacking, there being no existing curriculum to serve as a model and the proposed curriculum being so indistinct that there is no resemblance to the competency for extraction demanded of a dental student.

Until there is a curriculum and training program to support expanded duties of this sort, particularly programs accredited by agencies such as the Commission on Dental Accreditation with expertise in matters of dental education and training (a glaring omission from the proposed Bill,) one can hardly be supportive, even if the overall concept of a mid-level provider might well be in the public interest in the future.

We would be supportive of a study of this issue, as has been done in several other states thus far, to investigate both the actual need for the new mid-level provider in this state and the means to provide the requisite training for those providers if there is such a need.

Respectfully Submitted,

John P. Kelly, D.M.D., M.D.
Connecticut Society of Oral and Maxillofacial Surgeons

Hospital of St. Raphael
1450 Chapel St.
New Haven, CT 06511